

AO 435 (Rev. 03/08)		Administrative Office of the United States Courts		<b>FOR COURT USE ONLY</b>	
<b>TRANSCRIPT ORDER</b>				<b>DUE DATE:</b>	
<i>Please Read Instructions:</i>					
1. NAME Deming E. Sherman (#1138)		2. PHONE NUMBER (401) 274-9200		3. DATE 11/3/2010	
4. MAILING ADDRESS Edwards Angell Palmer & Dodge LLP, 2800 Financial Plaza		5. CITY Providence		6. STATE RI	7. ZIP CODE 02903
8. CASE NUMBER 00-105L	9. JUDGE David L. Martin	10. FROM 10/25/2010			
12. CASE NAME Ungar, et al v. The Palestinian Authority, et al		11. TO 10/26/2010			
		13. CITY Providence			
		14. STATE RI			
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				10/25/2010; 10/26/2010	
<input type="checkbox"/> BAIL HEARING				Entire Proceedings - Motion	
				Hearings	
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	
ORDINARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	
18. SIGNATURE /s/ Deming E. Sherman				0.00	
19. DATE 11/3/2010				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	
TRANSCRIPT RECEIVED				0.00	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				LESS DEPOSIT	
PARTY RECEIVED TRANSCRIPT				TOTAL REFUNDED	
				0.00	
				TOTAL DUE	
				0.00	